

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NO:	AGENCY CODE ORS	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **OFFICE OF REGULATORY SERVICES** (USE FOR CRCDC & CRCPCH ONLY)

COUNTY OF EMPLOYEE'S RESIDENCE: _____

CHECK ONE: ☐ CRCDC Criminal record check child care facility ☐ CRCPCH Criminal record check personal care home

STANDARD OF PROMPTNESS (SOP): _____ MOTION FOR TELEPHONE APPEARANCE BY AGENCY ATTACHED: ☐ YES ☐ NO

BY STATUTE, ALLOW 30 DAYS FROM ISSUANCE OF NOTICE OF HEARING BEFORE THE HEARING IS SCHEDULED DUE TO SOLICITOR AND/OR DA LETTER.

DATE OF REQUEST FOR HEARING: _____

CONTACT PERSON IN REFERRING AGENCY, ATTORNEY AND PROSECUTOR ON CRIMINAL RECORD

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:
PROSECUTOR(S) LISTED ON CRIMINAL RECORD	OFFICE(S)	ADDRESS OF PROSECUTORS IS IN OSAH DATA BASE

EMPLOYEE

NAME OF EMPLOYEE	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	CHECK ONE: <input type="checkbox"/> CHILD CARE FACILITY <input type="checkbox"/> PERSONAL CARE HOME	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

EMPLOYER

NAME OF EMPLOYER	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	EMPLOYER'S REPRESENTATIVE AND POSITION:	EMAIL: PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING: ☐ EMPLOYEE ☐ EMPLOYEE'S ATTORNEY ☐ EMPLOYER ☐ EMPLOYER'S ATTORNEY

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of the legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision
☐ Service of all documents prior to certification of the file to the agency after a decision ☐ Service of a copy of the notice of hearing
☐ Service of a copy of a continuance ☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.